Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

1964845

_		2		,					0 16	٠ ١ ٠	, ,54	
CLAIMS AS FILED - PAR (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER SMALL	
TC	TAL CLAIMS	5				-	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		· Ø		.	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		· Ø			X40=		OR	X80=	
MÜ	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less				s than zero, enter "0" in column 2				TOTAL	355	OR	TOTAL	
CLAIMS AS AMEND				D - PART II (Column 2) (Column 3)				SMALL ENTITY		OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	•	Minus	**		=	П	X\$ 9=		OR	X\$18=	
WE .	Independent	•	Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		ı	+135=		OR	+270=		
								TOTAL			TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		J ~ . ,	AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	·X	Minus	**		= /1	IJ	7 X\$ 9=		QR	X\$18=	l .
AME	Independent	PUN	Minus	1		- W	1	X40= .	1	OR.	1×80=/	17
۲	THIRST PHESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		1	+135=		OR	+270=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	/
Ì	)	(Column 1)			mn 2)	(Column 3)		ALDII. I EE				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	. 5	Minus		20	= <i>B</i>		X\$ 9=		OR	X\$18=	,
AME	Independent	· 3	Minus	***	3	=0	4	X40=		OR.	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	I CLAIM	Ц_	L	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.								TOTAL	<del>                                     </del>	OR	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is lass than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is lass than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/645456

## Total Fee Calculation

		10tal Fee	Calculatio	םכ		
		Total	Number			
	Fee Code .	# Claims	Estra X	Fee	Fee -	Total
	Sc.lj.			Sm. Eattry	Lg. Easing-	
Basic Filling Fee	201-101			345,00		345,
Total Claum: >20	201103	-20 •	X			-1211
ladependent Claum: >3	202/192	.; .				
Multi Dep Claus Present	204/104					
Surthurge	205/105			65,05		
Eaglica Treaslation	139			60,00		65,0
70-						
TOTAL FEE CALCULA	TION					410,00
Fees due upon filing th	applicature,					
Total Filing Fees Due	= 5	410,00				•
Less Filing Fees Submi	ನಕರ - 5		•		,	
BALANCE DUE	= 5	910,00	-			
Office of Initial Patent E	ra Xaminauos					

FORM OPE-RAM-01 (Rev. 12/97)